PIECE MAY 2 7 1950 egistration District No. Primary Registration District No. Registration No. A	ith, elfare		9	THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH											5	59-018721					
a. PLACE OF DEATH b. COUNTY POIK a. COUNTY POIK b. CITY (If outside corporers limits, give TOWNSHIP only) b. CITY (If outside corporers limits, give TOWNSHIP only) c. FULL NAME OF (IN for in hospits), give location) c. FULL NAME OF (IN for in hospits), give location) c. FULL NAME OF (IN for in hospits), give location) c. FULL NAME OF IN for in hospits, give location) c. FULL NAME OF IN for in hospits, give location) c. FULL NAME OF IN for in hospits, give location) c. FULL NAME OF LOCATION c. FULL NAME OF LOCATIO	lic [hi	FN M	ΔY 27												STATE FILE NUMBER Registrar's No. 2					
TOWN HUMENSVILLE 1. FULL NAME OF (IF NOT in hospital, give location) Langth of stoy in 15 O. A. d. ADDRESS LileS East Ves. No. 1. NAME OF DECEASED First Niddle Lost ADDRESS LileS East Ves. No. 1. NAME OF DECEASED First Niddle Lost ADDRESS LileS East Ves. No. 1. NAME OF DECEASED First Niddle Lost ADDRESS LileS East Ves. No. 1. NAME OF DECEASED First Niddle Lost ADDRESS LileS East Ves. No. 1. NAME OF DECEASED First Niddle Lost ADDRESS LileS East Ves. No. 1. NAME OF DECEASED No. No.		1. PLACE OF DEATH									2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before										
A HOSPITAL OR Dimmitt Hosp. 5 Days CA & GADORESS Files East Yee No	7	ΛP .						· · · · 1			00				n						
ORA COVIAN BERRY DEATH May 1, 1959 S. SEX 6. COLOR OR RACE T. MARRIED[ENEVER MARRIED] T. MODES ALGE Aug. 30, 1880 T. MODES Aug. 30, 18		c. FULL NAME OF (If NOT in hospital, give lo hospital or Dimmitt Hosp institution Dimmitt						p. Length of stay in 1b Days			oz d. STREET O ADDRESS 5 Nile			les	(If outside, give location) S East			·			
Fema le Vinite Moure Aug. 30, 1880 7600 1 Moure Millo Moure Moure Moure Millo Moure		(Type or print)												OP							
TOUS SEVILLE 13h. WOTHER'S MADEN NAME 13h. WOTHER'S MADEN NAME WILLIAM COVAN 13h. WOTHER'S MADEN NAME WILLIAM COVAN 13h. WOTHER'S MADEN NAME Ralph Berry William Covan 15h. Social Security No. 17h. INFORMANT Ralph Berry None None Ralph Berry Stockton, Lio. 18. CAUSE OF DEATH (Enter only one cause per line for (c), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (c), (b), and (c).) 19. WAS AUTOPRY WHICH GRAPH NAME AND DEATH HOMEOUTH CAUDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PERFORMED 7 YES NO 20 NO		_		le ,	1		MAK								AGE (In year 700 birthdo	rs IF UND Metaths O	P I YEAR	IF UNDE Hours	R 24 HRS. Min.		
William Cov/an Arminta Carlock Ralph Berry 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, May Combinate) 16. SOCIAL SECURITY NO. None Ralph Berry, Stockton, Lio. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Conditions, if env., which gave rise is belove cause (o). Liphy cause lost. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condi		10a. USUAL OCCUPATION (Give kind of work done thring most of workles life, even if retired) (Own Home			Dadeville, No.			0.	0 U.S.			Α.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? ("Yes, note which yes, give were dozes of earsies) 18. SOCIAL SECURITY NO. 17. INFORMANT Ralph Berry, Stockton, Lio. 18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Conditions, if any, which gives rise to above ceases (a). UNDE TO (b) Which gives rise to above ceases (a). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY YES NO YES 20. ACCIDENT SUICIDE HOMICIDE 20. TIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20. TIME OF Hour Month, Day, Year INJURY OCCURRED. 21. I attended the deceased from YES O MAY 59 ond lost saw her alive on MAY 59 Death occurred on YES O m on the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Death occurred on YES O MAY 59 Death occurred on YES O m on the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Death occurred on YES O Death occurred on YES O Death occurred on YES O 22b. BURIAL, CREMATION, 23b. DATE Death occurred on YES O Dea	ш	*-														,					
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23c. BURIAL, CREMATION. BUTIAL 23c. DATE 23c. NAME OF LEMETERY OR CREMATORY BUTIAL 23c. NAME OF LEMETERY OR CREMATORY Cedar County, I.O. 24. FUNERAL DIRECTOR Cantlon Fun. Home, Stockton, I.Io. 25. DATE RECD. BY LOCAL REG. 26. REGISTRATE SIGNATURE CAN LOCATION (City, town, or county) (Storie)																					
Burial (Sepecify) 5/3/1959 Lindley Prairie Cem. Cedar County, No. 24. FUNERAL DIRECTOR Cantlon Fun. Home, Stockton, No. Way 23, 1959 Ralah Jarden Merkeuell Borden		Grael C. Frank. MD / the										lun	rang	i	lle	Om	22 م). ق	. DATE SI	GNED 5		
Cantlon Fun. Home, Stockton, No. Way 23, 1959 Ralah Horden merenel Borden													1		• • • •	•••		(State)			
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb	balme
by me, or by, Student Embalmer No	
working under my personal supervision.	

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

Signature of Student Embalmer

If this body is not embalmed, fact should be so stated above.